



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 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Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

*Bayside Marine Corp.
441 Washington St.
Duxbury, MA 02331*

Entry Time/Date

9:50/8/12/10

Permit Effective Date

Exit Time/Date

11:45/8/12/10

Permit Expiration Date

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Jack Kent / Owner

Other Facility Data (e.g., SIC NAICS, and other descriptive information)

Name, Address of Responsible Official/Title/Phone and Fax Number

Contacted

☐ Yes ☐ No

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Name(s) and Signature(s) of Inspector(s)

*Larry Wells
Larry Wells*

Agency/Office/Phone and Fax Numbers

*EPA/OES / P: 617-918-1836
F: 617-918-0836*

Date

8/18/10

Signature of Management Q A Reviewer

Agency/Office/Phone and Fax Numbers

Date

Inspection Conclusion Data Sheet (ICDS)

FY2007

Inspector: Larry Wells

Inspection Date: 8/12/10

Facility Name/Address: Bayside Marine Corp.
441 Washington St. Duxbury, MA 02331

Facility Manager/Title and Address (if different from above): Jack Kent / Owner

Facility Contact/Title and Address (if different from above): _____

1. Media Type: (Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> CAA-Stationary | <input type="checkbox"/> CAA-Mobile Source | <input type="checkbox"/> CAA-112r |
| <input type="checkbox"/> CAA-NESHAP | | |
| <input checked="" type="checkbox"/> CWA-NPDES | <input type="checkbox"/> CWA-Pretreatment POTW | <input type="checkbox"/> CWA-Pretreatment IU |
| <input type="checkbox"/> CWA 311 | <input type="checkbox"/> CWA 404 | <input type="checkbox"/> CWA-Stormwater |
| <input type="checkbox"/> EPCRA 313 | <input type="checkbox"/> EPCRA N313 | |
| <input type="checkbox"/> RCRA-C | <input type="checkbox"/> RCRA-I | |
| <input type="checkbox"/> SDWA-UIC | <input type="checkbox"/> SDWA-PWSS | |
| <input type="checkbox"/> TSCA-Lead Paint | <input type="checkbox"/> TSCA-PCBs | <input type="checkbox"/> TSCA-Core <input type="checkbox"/> TSCA-AHERA |

2. Did you observe deficiencies (potential violations) during the inspection?

☒ Yes ☐ No

3. If you observed deficiencies, did you communicate them to the facility during the inspection?

☒ Yes ☐ No

4. Deficiencies observed?

____ Potential violation of a compliance schedule in an enforceable order.

____ Potential failure to maintain a record or failure to disclose a document.

____ Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment.

____ Potential failure to complete or submit a notification, report, certification, or manifest.

☒ Yes

☐ No

7. Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?

☒ Yes

☐ No

Optional Additional Information: EPA inspectors may wish to provide a narrative description of actions taken by the facility or assistance to help the facility come into compliance. (Narratives may be used in national or regional reports to provide examples of EPA inspection outcomes).
